

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>Decatur</b>		$\frac{1}{4}$ <b>S 1/2</b> $\frac{1}{4}$ <b>NW</b> $\frac{1}{4}$	<b>21</b>	T <b>2</b> S	R <b>26</b> E/W
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: <b>DeWaine Stapp</b>					
RR#, St. Address, Box # : <b>201 E. Commercial</b>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <b>Oberlin, KS 67749</b>			Application Number: <b>200600784</b>		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>150</b> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL <b>NA</b> ft. below land surface measured on mo/day/yr <b>3-15-06</b>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <b>8</b> in. to <b>150</b> ft. and _____ in. to _____ ft.			
WELL WATER TO BE USED AS:		5 Public water supply      8 Air conditioning      11 Injection well 1 Domestic      3 Feed lot      6 Oil field water supply      9 Dewatering      12 Other (Specify below) 2 Irrigation      4 Industrial      7 Lawn and garden (domestic)      10 Monitoring well			
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b>		If yes, mo/day/yr sample was submitted _____			
5 TYPE OF BLANK CASING USED:		5 Wrought Iron      8 Concrete tile		CASING JOINTS: Glued <b>X</b> Clamped	
1 Steel      3 RMP (SR) 2 PVC      4 ABS      7 Fiberglass		6 Asbestos-Cement      9 Other (specify below)		Welded _____	
Blank casing diameter <b>4.5</b> in. to <b>110</b> ft., Dia		in. to _____ ft., Dia		in. to _____ ft.	
Casing height above land surface <b>18</b> in., weight <b>2.38</b> lbs./ft.		Wall thickness or gauge No. <b>248</b>			
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC      10 Asbestos-cement 1 Steel      3 Stainless steel      5 Fiberglass      8 RMP (SR)      11 Other (specify) 2 Brass      4 Galvanized steel      6 Concrete tile      9 ABS      12 None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped      8 Saw cut      11 None (open hole) 1 Continuous slot      3 Mill slot      6 Wire wrapped      9 Drilled holes 2 Louvered shutter      4 Key punched      7 Torch cut      10 Other (specify)			
SCREEN-PERFORATED INTERVALS:		From <b>110</b> ft. to <b>150</b> ft.      From _____ ft. to _____ ft. From _____ ft. to _____ ft.      From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS:		From <b>20</b> ft. to <b>150</b> ft.      From _____ ft. to _____ ft. From _____ ft. to _____ ft.      From _____ ft. to _____ ft.			
6 GROUT MATERIAL:		1 Neat cement      2 Cement grout      3 Bentonite      4 Other			
Grout Intervals From <b>0</b> ft. to <b>20</b> ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
What is the nearest source of possible contamination:		10 Livestock pens      14 Abandoned water well 1 Septic tank      4 Lateral lines      7 Pit privy      11 Fuel storage      15 Oil well/ Gas well 2 Sewer lines      5 Cess pool      8 Sewage lagoon      12 Fertilizer storage      16 Other (specify below) 3 Watertight sewer lines      6 Seepage pit      9 Feedyard      13 Insecticide storage <b>NONE</b>			
Direction from well?		How many feet?			
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
<b>0</b>	<b>2</b>		<b>Surface</b>		
<b>2</b>	<b>10</b>		<b>Loess</b>		
<b>10</b>	<b>45</b>		<b>Clay &amp; Caliche Strks</b>		
<b>45</b>	<b>50</b>		<b>Caliche with Clay Strks</b>		
<b>50</b>	<b>70</b>		<b>Clay &amp; Caliche w/ Sand Strks</b>		
<b>70</b>	<b>85</b>		<b>Fine to Med Sand w/ Clay Strks</b>		
<b>85</b>	<b>90</b>		<b>Fine to Med Sand w/ Caliche</b>		
<b>90</b>	<b>97</b>		<b>Fine to Med Sand w/ Clay Lens</b>		
<b>97</b>	<b>105</b>		<b>Clay</b>		
<b>105</b>	<b>128</b>		<b>Clay w/ Sand Strks</b>		
<b>128</b>	<b>135</b>		<b>Fine to Med Sand w/ Clay Strks</b>		
<b>135</b>	<b>148</b>		<b>Fine to Med Sand Some Gravel</b>		
			<b>With Clay Lens</b>		
<b>148</b>	<b>150</b>		<b>Yellow Ochre</b>		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>3-3-06</b> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <b>554</b>		This Water Well Record was completed on (mo/day/yr) <b>3-22-06</b>			
under the business name of <b>Woofter Pump &amp; Well Inc.</b>		by (signature) <i>[Signature]</i>			
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

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